



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

KILEEN INJURY CLINIC INC
5931 DESCO DRIVE
DALLAS TX 75225

Respondent Name

TPS JOINT SELF INS FUNDS

Carrier's Austin Representative Box

Box Number 11

MFDR Tracking Number

M4-10-3050-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The insurance carrier has denied payment for these claims stating based on the findings of a review organization...According to her adjuster the compensable injury is her left knee and left ankle sprain strain. On these dates of service [Claimant] attended the preauthorized chronic pain management program for treatment of her compensable injury. Preauthorization was obtained per approval number 1038405FO and 1041318FO. Proof of certification was submitted with the reconsideration requests. However the carrier maintained their denials."

Amount in Dispute: \$9,937.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The services rendered were related to the claimant's psoriasis and psoriatic arthritis which were determined non-related to the compensable injury by the designated doctor and other medical providers. The carrier filed a PLN-11 on 12/24/08 stating these conditions were disputed as not related to the compensable injury. Also, as indicated on the explanation of review, the charges for these services were denied on the basis that an extent of injury dispute was outstanding. The carrier timely disputed these conditions prior to these services being rendered." "Since the treatment administered was for a non-compensable injury, per Rule 133.307(e)(3) this matter must be dismissed."

Response Submitted by: Harris & Harris, P.O. Box 91569, Austin, TX 78709-7569

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 10, 2009 December 7, 2009 December 8, 2009 December 9, 2009 December 10, 2009 December 11, 2009	Chronic Pain Management Program – CPT Code 97799-CPCA (7.75 hours per day x 6 days = 46.50 hours)	\$968.75/day	\$5,812.50

December 16, 2009 December 17, 2009 December 18, 2009	Chronic Pain Management Program – CPT Code 97799-CPCA (7 hours per day x 3 days = 21 hours)	\$875.00/day	\$2625.00
December 21, 2009	Chronic Pain Management Program – CPT Code 97799-CPCA (6.5 hours per day)	\$812.50	\$812.50
December 22, 2009	Chronic Pain Management Program – CPT Code 97799-CPCA (5.5 hours per day)	\$687.50	\$687.50
TOTAL		\$9,937.50	\$9,937.50

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, titled *Medical Fee Guideline for Workers' Compensation Specific Services*, effective March 1, 2008, 33 TexReg 626, sets the reimbursement guidelines for the disputed services.
3. 28 Texas Administrative Code §134.600, requires preauthorized for specific treatments and services.
4. Texas Labor Code 413.014, effective September 1, 2005, prohibits the insurance carrier from raising the issue of medical necessity on preauthorized treatment.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 30, 2009

- 219-Based on extent of injury (NOTE: To be used for Workers' Compensation only).

Explanation of benefits dated December 31, 2009

- 219-Based on extent of injury (NOTE: To be used for Workers' Compensation only).
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.
- NOTE: PRECERT 1038405fo

Explanation of benefits dated January 7, 2010

- 219-Based on extent of injury (NOTE: To be used for Workers' Compensation only).
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.

Explanation of benefits dated January 12, 2010

- 216-Based on the findings of a review organization.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.

Explanation of benefits dated January 14, 2010

- 216-Based on the findings of a review organization.
- 219-Based on extent of injury (NOTE: To be used for Workers' Compensation only).
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.

Explanation of benefits dated January 19, 2010

- 216-Based on the findings of a review organization.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.

Explanation of benefits dated January 25, 2010

- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- PA-Prior allowed.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.
- NOTE: Services denied as not related in accordance with IME review.

Explanation of benefits dated January 26, 2010

- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- PA-Prior allowed.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.

Explanation of benefits dated February 5, 2010

- 193-Original payment decision is being maintained. This claim was processed properly the first time.

- PA-Prior allowed.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.
- NOTE: PRECERT 1041318FO

Explanation of benefits dated February 10, 2010

- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- PA-Prior allowed.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.

Explanation of benefits dated February 11, 2010

- 193-Original payment decision is being maintained. This claim was processed properly the first time.
- PA-Prior allowed.
- Refer to Workers' Compensation jurisdiction disclaimer; paragraph (38) on reverse.
- 219-Based on extent of injury (NOTE: To be used for Workers' Compensation only).

Issues

1. Does an extent of injury issue exist in this dispute?
2. Did the requestor support position that preauthorization was obtained for the disputed services?
3. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for the disputed services based reason code "219-Based on extent of injury (NOTE: To be used for Workers' Compensation only)".

The requestor states in the position summary that "According to her adjuster the compensable injury is her left knee and left ankle sprain strain. On these dates of service [Claimant] attended the preauthorized chronic pain management program for treatment of her compensable injury."

The respondent states in the position summary that "The services rendered were related to the claimant's psoriasis and psoriatic arthritis which were determined non-related to the compensable injury by the designated doctor and other medical providers. The carrier filed a PLN-11 on 12/24/08 stating these conditions were disputed as not related to the compensable injury. Also, as indicated on the explanation of review, the charges for these services were denied on the basis that an extent of injury dispute was outstanding."

A review of the submitted medical bills indicates that the disputed treatment was for ICD-9 codes "844.9-Sprain & strain of unspecified site of knee & leg"; and "845.00-Unspecified site of ankle sprain and strain".

The April 17, 2008 compensable injury was to the claimant's left knee and ankle; therefore, the disputed treatment was for the compensable injury.

2. The respondent denied reimbursement for the disputed services based upon reason code "216-Based on the findings of a review organization".

The requestor asserts that "On these dates of service [Claimant] attended the preauthorized chronic pain management program for treatment of her compensable injury. Preauthorization was obtained per approval number 1038405FO and 1041318FO."

On October 23, 2009 the requestor obtained preauthorization approval for "Recommend **AUTHORIZATION** of outpatient chronic pain management program (CPMP) for ten (10) days as related to left ankle and left knee."

Texas Labor Code 413.014(e) states "If a specified health care treatment or service is preauthorized as provided by this section, that treatment or service is not subject to retrospective review of the medical necessity of the treatment or service." Therefore, the respondent's denial of reimbursement for the disputed treatment based upon reason codes "216" is not supported.

3. 28 Texas Administrative Code §134.204(h)(1)(A) states "(A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR."

28 Texas Administrative Code §134.204(h)(5)(A) and (B) states "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs

(A) Program shall be billed and reimbursed using CPT Code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes.”

The Division finds that the requestor billed CPT code 97799-CP-CA for 79.5 hours on the disputed dates of service. Therefore, per 28 Texas Administrative Code §134.204(h)(1)(A) and (5)(A) and (B), the MAR for a CARF accredited program is \$125.00 per hour x 79.5 = \$9,937.50. The carrier paid \$0.00. Therefore, the difference between the MAR and amount paid is \$9,937.50. This amount is recommended for reimbursement.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation supports the reimbursement amount sought by the requestor. The Division concludes that the requestor supported its position that additional reimbursement is due. As a result, the amount ordered is \$9,937.50.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$9,937.50 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

4/26/2012
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.